## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 75974 7590 12/30/2009 Certificate of Mailing or Transmission NOVARTIS INSTITUTES FOR BIOMEDICAL RESEARCH, INC hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or heing facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name Signasure (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMEO INVENTOR 1794 10/550,776 06/20/2006 Junichi Sakaki 4-33162A TITLE OF INVENTION: 11-PHENYL-DIBENZODIAZEPINE DERIVATIVES AS RXR-ANTAGONISTS PREV, PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE DUE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE 03/30/2010 \$1810 \$300 SO NO \$1510 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 1624 514-219000 COLEMAN, BRENDA LIBBY Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SWITZERLAND Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government da. The following fee(s) are submitted. 4h. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 504404 (enclose an extra copy of this form). Change in Entity Status (from status indicated above) 🔲 a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. WARCH 16. 2010 Authorized Signature Typed or printed name THERESA DEVLIN Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.